CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES
DIVISION ON DOMESTIC VIOLENCE

EVALUATION OF SERVICES SURVEY
LEGAL ADVOCACY AND COUNSELING SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE

SECTION I: STAFF to complete

SURVEY IDENTIFIER CODE

2020-21			
(year)	(4 digit agency code)	(1 digit program code)	(5 digit client number)

TODAY'S DATE _____

SECTION II: PARTIPCIPANTS to complete

Please check the box that describes how you feel.

A. What I think about the options I was offered:	Does not apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I was given recommendations for other services that I may need	☐	☐	☐	☐	☐	☐
2. I was given information on how the laws can help protect me	☐	☐	☐	☐	☐	☐
3. I was helped to find many ways to help keep me safer	☐	☐	☐	☐	☐	☐
4. If I need help in the future, I would come to this program again	☐	☐	☐	☐	☐	☐
B. Staff at this program:						
1. Treated me with respect	☐	☐	☐	☐	☐	☐
2. Supported me in making my own decisions	☐	☐	☐	☐	☐	☐
3. Explained things in ways I could understand	☐	☐	☐	☐	☐	☐
C. How I feel about the services I received:						
1. I feel better informed about my legal options	☐	☐	☐	☐	☐	☐
2. I felt more supported in court	☐	☐	☐	☐	☐	☐
3. I better understand the effects of abuse on my life	☐	☐	☐	☐	☐	☐

GENDER
- ☐ male
- ☐ female

ETHNICITY
- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

SEXUAL ORIENTATION
- ☐ heterosexual/straight
- ☐ Gay/Lesbian
- ☐ Bisexual
- ☐ Queer/Other

AGE
_____

RACE
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Other race